MAINE DEPARTMENT OF CORRECTIONS

RESIDENT APPEAL OF CLASSIFICATION DECISION

Resident Name		MDOC #
TO: Central Office Director of Classification to another Department facility or minimum		appeal of decision about custody level, transfer ng unit, or medium custody trustee status
Appeal must be postmarked within fifteen (15) days of the	e resident receiving the decision.
TO: Chief Administrative Officer IF this is in the facility (other than a minimum securi		lecision about placement in another housing unit t)
Appeal must be received by the CAO, or de decision.	signee, within	fifteen (15) days of the resident receiving the
On, the following took Date	place:	
☐ Initial Classification Review		
Annual or Semi-Annual Reclass	sification Revi	ew
☐ Interim Reclassification Review	,	
Decision to deny resident request medium custody trustee status, or tra		eclassification review for lower custody level,
I wish to appeal for the following reasons:		
Resident's Signature		Date
Receiving Person's Signature (if appeal to CAO, or designee)	Date	Printed Name and Title

MAINE DEPARTMENT OF CORRECTIONS RESIDENT APPEAL OF CLASSIFICATION DECISION

Resident Name		MDOC #
Resident filed untimely appeal		
Decision is Affirmed Reversed Comments:	_	
		_
Signature	Date	Printed Name and Title
If decision by CAO, or designee:		
Signature of Resident		Date
Signature of Staff	Date	Printed Name and Title

NOTE: IF THIS IS DECISION BY CHIEF ADMINISTRATVIE OFFICER, OR DESIGNEE, RESIDENT IS TO BE PROVIDED WITH A COPY OF THIS FORM AFTER IT HAS BEEN SIGNED BY THE RESIDENT AND THE STAFF.